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ABSTRACT

The paper is an analysis of seminar 82 of the World Congress on Future Special Education, "The Role of the Family in Early Childhood Education". Issues and problems, alternative solutions and strategies, and pros and cons are listed for each of the following four presentations: "An Assessment Scale - Family Attachment to the High Risk Infant" (G. Foley), "Educational Dawn for Down's Syndrome Children" (M. Nelson), "Family Stress" (C. Mizzi), and "Mother-Play and Parenting" (J. Updike). (PHR)

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Analysis of Seminar 82 - World Congress on Future Special Education
"The Role of the Family in Early Childhood Education"
Cochairs: Juliette Updike and Gilbert Foley

Presentation I - "An Assessment Scale - Family Attachment to the High Risk Infant" Gilbert Foley

A. Issues and Problems

1. The establishment of primary object attachment is essential to the infant's survival, ego development and reality testing capability. The quality of this initial parental attachment is in turn a major shaping force in the quality of future relationships; in fact one of the most reliable single indicators and predictors of an individual's overall psychological adjustment is the quality of his object relationships.

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2. The development of the primary object relationship is a reciprocal interactive and mutually adaptive process between infant and parent. The infant's inherent patterns such a rooting, sucking, grasping, and cooing elicit parental empathy-thus socializing parents into parenthood. The child contributes to his own experience and growth through promoting and sustaining interaction with his parents. The infant's cues capture attention and initiate interactions, which in turn have sustained effect on the parent, creating a condition of mutual cueing. Attachment may well be the developmental "bottom line".

3. High risk infants, are also at greater risk of attachment failure than typical babies. This is not necessarily because of parental inadequacy but because high risk infants' cueing and response capabilities are often unpredictable and atypical. Parents in turn can become confused in interpreting and responding to their children's communications. This confusion is called "cueing dissonance". The breakdown or incomplete establishment of interaction between parent and child or the existence of continuing positive interaction results in the creation of self-reinforcing consequences. The parent who withdraws from an unresponsive child reduces the possibility for mutual cueing leading to further withdrawal. Successful interactions result from parental responses to specific cognitive, developmental, and pleasure needs of the infant. As the child experiences success he translates it into positive cues for the parent who in turn engages in more positive behavior. The mutual behavior and it's associated "good feelings" form the basis for the parent-infant bonding or attachment. Thus, the infant not only initiates interactions (as many as from four out of five) but actually shapes parenting behavior.

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B. Alternative Solutions and Strategies

1. The assessment and facilitation of attachment may be the most viable starting point for infant intervention.

2. Successful parent-child interaction and attachment to the high-risk infant can be facilitated through the skilled application of activities and relationships. Intervention in this domain is considered as viable a curriculum area as cognition, movement or language.

3. Intervention begins by assessing the stage and quality of the parent-child interaction on the A-S-I Scale (Attachment-Separation-Individuation). This is an instrument developed to organize observational data in a systemized way yielding an attachment profile. This instrument is used on a continuous schedule, providing baseline data, a guide for treatment planning, and method for tracking development.

4. Intervention strategies include: (1) Providing parents with diagnostic data to enhance understanding and closure regarding the high-risk infant's behavior; (2) Training parents in methods of handling to normalize the hypertonic or hyptonic infant; (3) Counseling; (4) Instructing and assisting parents in the interaction techniques of phasing, adaptation, initiation, facilitation, and elaboration.

C. Pros and Cons

1. This concept and approach represents an innovative new domain for the infant intervention worker, provides a common arena for transdisciplinary work and is a viable application of bonding theory and research.

2. Continued refinement of the A-S-I Scale is encouraged to perfect instrumentation and eliminate sex and cultural bias.

Presentation II - "Educational Dawn for Down's Syndrome Children"
Marshall Nelson

A. Issues and Problems

1. Early intervention programs have proliferated in recent years, nevertheless, education for academic achievement of Down Syndrome children has been discouraged.

2. The range of individual differences in academic achievement of Down's Syndrome children remains relatively inconclusive.

3. Inference regarding the potential for academic achievement in Down's Syndrome children is still based on a largely biased institutionalized sample.

B. Alternative Solutions and Strategies

1. Collection of data is encouraged on an international basis from various researchers and teachers relative to the academic accomplishments they are experiencing with Down's Syndrome children (30 countries thus far sampled - 15 responded)

2. Such an approach will expand the size and representation of our sample and provide broader descriptive parameters.

3. Promising findings based on such a clinical case study approach may stimulate more systematic international study of Down's Syndrome children not in institutional settings.

4. Preliminary findings indicate a broader range of academic achievement in Down's Syndrome children than generally reported in the literature.

5. Such data will present to parents a realistic and encouraging picture of the variability found in Down's Syndrome children.

6. Such data may facilitate mainstreaming efforts.

C. Pros and Cons

1. The overall reception for informal international dialogue regarding Down's Syndrome children was well received.

2. Concerns about methodology were expressed, as well as the danger of reaching biased inferences in the opposite direction and building false expectations in parents.

3. Concern was expressed regarding the emegence of secondary emotional symptoms in "academically pressed" Down's Syndrome children.

Presentation III - "Family Stress" Charles E. Mizzi

A. Issues and Problems

1. Producing a handicapped child creates stress even in functioning families.

2. While support is extended to the handicapped individual, this same service is infrequently extended to the family in a humane systematic fashion. When it is, it is usually only in cases where the family structure is already damaged.

B. Alternative Solutions and Strategies

1. Support needs to be provided at least at birth if not before.

2. The system needs to follow the early identification with an early and humane notification of the parents.

3. The family needs continued support financially, socially, and therapeutically.

4. Support services should be provided in a comprehensive and integrated fashion.

5. Families need to be understood in their overall cultural context.

6. Legislation should be encouraged which provides financial support to families with handicapped children.

7. If a family does require psychotherapy their resistence needs to be seen as a normal reaction and the therapist needs to concentrate on the family unit as the identified patient.

C. Pros and Cons

1. The overall portion of this paper was well received and supported.

2. It was pointed out that a distinction should be made between stress vs. pathology and support vs. paychotherapy. All families bearing a handicapped child may experience a stress response and need supportive counseling, but to catagorically refer families with a handicapped child to a mental health center for therapy may be damaging.

3. Support services to families may be most effective and least threatening when delivered through the agency serving the handicapped child.

Presentation IV - "Mother-Play and Parenting" Juliette Updike

A. Issues and Problems

1. Continued effort is placed on developing new and innovative models for infant stimulation. Such investigation is commendable, but an historical perspective may prevent needless "reinventing of the wheel".

B. Alternative Solutions and Strategies

1. Froebel's total philosphy and pedagogical techniques have relevance today for parent programs, childhood training, and early sensorimotor instruction of both the typical and atypical child.

2. Froebel's methodologies grew out of careful observation of mother-baby play and acknowledge the initial role of mothering in the child's early education. His techniques might be considered the first formal infant stimulation program.

3. Froebel recognized the importance of sensorimotor experience in the emergence of cognition and in many ways prefigured Piaget. There is a close interrelationship between the stages of cognitive development outlined by Froebel and Piaget.

4. Active learning and self-learning are emphasized by Froebel.

5. The lawful stage-specific aspects of learning and preparing the environment are emphasized and particularly applicable for the handicapped child.

6. All educators working with very young children are most effective when they assume the "mother-play" role.

C. Pros and Cons

1. This presentation reaffirmed the importance of an historical perspective for solving current problems.

2. It emphasized the inherent correctness of culturally transmitted mothering skills.

3. Concern was expressed regarding a mother-centered model and the changing role of women as well as the Western ethnocentric nature of some of Froebel's specific activities.

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